



**U.S. Department of Homeland Security
Office of Inspector General
Office of Inspections & Evaluations**

See C.1.PR.G (2) for PSSC

**Use of Segregation for ICE Detainees with Mental Health Conditions
16-073-ISP-ICE**

(b)(6);(b)(7)(C) Team Lead: (b)(6);(b)(7)(C)

**E-mails / Conversations Scheduling Entrance Conference
(Including planning for the week)**

From: (b)(6);(b)(7)(C)

Sent: Monday, August 22, 2016 1:19 PM

To: (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

Subject: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Hi (b)(6);(b)(7)(C)

Here is a quick summary to detail a few of the questions you have asked.

As far as personnel interviews go, we will make every effort to ensure all staff is available when you request them. ICE Supervisors available for interview will be: Supervisor Detention & Deportation Officers (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C). We all work in admin, and will be available throughout your visit.

Contact Supervisors will be available until 3PM and include Captain (b)(6);(b)(7)(C) and Lt (b)(6);(b)(7)(C). Lt (b)(6);(b)(7)(C) (SHU Supervisor) will be available until 6PM.

The IHSC medical staff consisting of CDR's (b)(6);(b)(7)(C), (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) will be available at 2:30PM as indicated on your schedule.

My Custody Management Unit staff consisting of Deportation Officers (b)(6);(b)(7)(C), (b)(6);(b)(7)(C), (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) will be available at all times, and will be responsible for escorting you down range if necessary and to retrieve any files or other items you may request.

Cell phone usage is typically restricted to the administrative areas of the facility. However, if you plan to use your cell phones for pictures, we can accommodate, but request that you limit the amount of phones down range necessary to complete your mission. Cell phone connection in the administrative area is generally good, however, there are areas down range that lack any signal.

Upon arrival, your credentials will be checked at the Main Gate by a Contract Detention Officer, and once admitted, you will be provided directions to your reserved parking spaces which will be towards the front of the main building. You will enter the main door at the facility and will be required to pass our security measures at that point. No weapons of any kind will be allowed into the facility.

Once cleared by the Lobby Officer, we will escort you all to the Muster room for the entrance conference.

We look forward to meeting you all in the morning.

Best regards,

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)
Sent: Thursday, August 18, 2016 2:10 PM
To: (b)(6);(b)(7)(C)
Cc: (b)(6);(b)(7)(C); (b)(6);(b)(7)(C)
Subject: RE: 3 of 3 FW: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

We received all three e-mails as well as the attached e-mail on 8/18/2016. We had no problem with you splitting it up into 3 separate e-mails.

Thank you so much and we are looking forward to our site visit next week.

From: (b)(6);(b)(7)(C)
Sent: Thursday, August 18, 2016 2:06 PM
To: (b)(6);(b)(7)(C)
Cc: (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C)
Subject: RE: 3 of 3 FW: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Confirming that we received 11 attachments that we could open. However, we received 3.4.4 Protective Custody Operations and the Detainee Request Form twice.

From: (b)(6);(b)(7)(C)
Sent: Wednesday, August 17, 2016 12:32 PM
To: (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C)
Subject: 3 of 3 FW: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions
Importance: High

Three of Three (11 attachments included).

Unfortunately the initial message was too large for your server, so I must split it up into 3 separate messages.

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)
Sent: Thursday, August 18, 2016 1:59 PM
To: (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C)
Subject: RE: 2 of 3 FW: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Confirming that we received 12 attachments that we could open. However, we received 3.5.6 Detainee Grievance

Procedure and 3.4.6 Log Systems in Special Housing Units twice.

From: (b)(6);(b)(7)(C)
Sent: Wednesday, August 17, 2016 12:24 PM
To: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)
Subject: 2 of 3 FW: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions
Importance: High

Two of Three (12 attachments included)

Unfortunately the initial message was too large for your server, so I must split it up into 3 separate messages.

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)
Sent: Thursday, August 18, 2016 1:48 PM
To: (b)(6);(b)(7)(C)
Cc: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
Subject: RE: 1 of 3 FW: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Confirming that we received 10 attachments that we could open.

From: (b)(6);(b)(7)(C)
Sent: Wednesday, August 17, 2016 12:23 PM
To: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)
Subject: 1 of 3 FW: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions
Importance: High

One of three (10 attachments included).

Unfortunately the initial message was too large for your server, so I must split it up into 3 separate messages.

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)
Sent: Wednesday, August 17, 2016 12:08 PM
To: (b)(6);(b)(7)(C)
Cc: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)
Subject: RE: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions
Importance: High

Hi (b)(6);(b)(7)(C)

Per your request, please find 33 attachments included for your review. These attachments encompass, organization

chart of detention facility personnel involved in segregation and monitoring ICE detainees, policies and procedures on segregation including logs, reports, and other records used to indicate segregation activity, BFDF disciplinary policies, BFDF grievance policy for ICE detainees, as well as additional policies and records that may pertain to your inspection. I did not include the BFDF Detainee Handbook as it was forwarded in (b)(6);(b)(7) email.

Please let me know if you have any questions or need any further information prior to your arrival next week.

Best regards,

(b)(6);(

(b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)

Sent: Wednesday, August 17, 2016 12:10 PM

To: (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Subject: RE: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

(b)(6);(b)(7)(C)

Yes, I can open it.

Thanks,

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)

Sent: Wednesday, August 17, 2016 11:17 AM

To: (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Subject: RE: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

(b)(6);(b)(7)(C)

See if you can open the attached org chart. – See D.1.2

(b)(6);(b)(7)(C) – can you address (b)(6);(b)(7)(C) question regarding whether or not the BFDF has its own SOPs?

Thanks

From: (b)(6);(b)(7)(C)

Sent: Wednesday, August 17, 2016 10:46 AM

To: (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Subject: RE: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

(b)(6);(b)(7)(C)

Thank you for providing the information in advance. We greatly appreciate the documents being pulled together for our visit. In the e-mail below, we wanted to make sure that we got everything so we matched the file to the listing.

However, we cannot open the first document [IHSC Data Collection Tool (48 KB)]. Instead of the BUF Field Office Organization Chart 06.06.2016, we received the Broadcast Message from *sent on behalf of* (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) *It is titled*, Updated Guidance for Submitting Segregation Notifications to ERO Headquarters. So can we get a copy of the actual organization chart.

In addition, we would like to verify whether the detention facility has its own standard operating procedures/manual or does it merely use the 2011 Performance-Based National Detention Standards as such.

If you have any questions, I can be reached at (202) (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

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(202) 254-(b)(6) work
(202) (b)(6);(b)(7)(C) cell
(202) 254-4304 fax

From: (b)(6);(b)(7)(C)

Sent: Wednesday, August 17, 2016 9:52 AM

To: (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Subject: RE: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Hi (b)(6);(b)(7)(C)

Per your request, attached is an organizational chart for the Buffalo Field Office. Also attached:

- Email dated 4/16/15 regarding Updated Guidance for Submitting Segregation Notifications to ERO Headquarters (BUF Field Office Organization Chart 06.06.2016.xlsx) – See C.1.2

-
- Clinical Segregation Data Checklist [IHSC Data Collection Tool.docx (28 KB)] – See [C.1.5](#)
 - 2/12/14 email with subject line Mental Health Segregation Routine Request for Information (FOD Segregation Directive Summary 09-04-13.docx – inside Mental Health Segregation Routine Request for Information) – See [C.1.6](#)
 - Segregation Directive Summary (FOD Segregation Directive Summary 09-04-13.docx) – See [C.1.6](#)
 - Interim Checklist for Review of Segregation Placement Decisions (sent to the field on 9/4/13) (Interim FOD Seg Checklist 09032013.pdf) – See [C.1.3](#)
 - 2011 Performance-Based National Detention Standard on Staff-Detainee Communications (staff_detainee_communication.pdf) – See [PA3.nn](#)
 - 2011 Performance-Based National Detention Standard on Grievance System (grievance_system.pdf) – See [PA3.mm](#)
 - BFDF Detainee Handbook (BFDF Detainee Handbook.pdf) – See [C.1.7](#)

Let me know if you need anything else.

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)

Sent: Monday, August 15, 2016 5:29 PM

To: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

Subject: RE: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Hi (b)(6);(b)(7)(C)

The Incident Report files you will be reviewing are the original hard files. We will attempt to put the Incident Report “database” on CD for ease of use, however, this database only contains information pertaining to the code violations and disposition for individual detainees. I believe the hard files will be more useful for your purpose. I will provide you with a list of Contract Supervisors that initiate segregation tomorrow.

Regards,

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)

Sent: Monday, August 15, 2016 4:24 PM

To: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

Subject: RE: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

(b)(6);(b)(7)(C)

That sounds about right to me. I look forward to speaking to you more tomorrow.

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)

Sent: Monday, August 15, 2016 4:21 PM

To: (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Subject: RE: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Good afternoon everyone,

(b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) thank you for taking my calls this afternoon. Based on our conversations, we understand (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) are located at the field office (b)(6);(b)(7)(C) (b)(6);(b)(7)(C), and the bulk of the records related to segregation of detainees are located at the facility. There are also supervisory contract officers at the facility who manage the detainee population and would be the initiators of segregation actions; they would therefore be useful to speak with. (b)(6);(b)(7)(C), if you could provide a list of these supervisory officers that would be helpful.

The administrative wing is separate from the detention spaces at the facility. There is a muster room at the facility that would be available for our use, with sufficient room for our team and outlets for computers. We will have access to the incident report files on a CD for us to search for case information as needed. We will also need access to certain detainee files.

If any of the information here is incorrect, or if you have questions about anything I have described here, please let me know. Also, if there are any other individuals involved in the segregation of detainees with mental health conditions, or in the review of these types of cases, please advise us.

Thanks, and we will be in touch tomorrow with a proposed schedule.

Regards,

(b)(6);(b)(7)(C)

U.S. Department of Homeland Security
Office of Inspector General
Office of Inspections and Evaluations

BB: 202 (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)

Sent: Monday, August 15, 2016 11:05 AM

To: (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Subject: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Good morning (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C)

My name is (b)(6);(b)(7)(C) with the U.S. Department of Homeland Security, Office of Inspector General, Office of Inspections and Evaluations. We are conducting a review entitled, "Use of Segregation for Detainees with Mental Health Conditions." Our objectives are to determine whether (1) facilities use segregation appropriately, (2) facility personnel follow applicable detention standards, and (3) facilities report segregation data accurately and timely.

We held an entrance conference with U.S. Immigration and Customs Enforcement (ICE) Headquarters officials on July 13, 2016. We would like to make arrangements to visit and conduct work at the Buffalo Field Office (FO) and Buffalo Service Processing Center on August 23-26, 2016. A joint entrance conference can be held at the detention facility followed by tour of facility starting from intake and a walkthrough of the segregation process. Thereafter, the teams would like to split up with one team working with the FO to gain an understanding of the segregation review process, and the other team performing compliance work at the detention facility. Both teams will hold discussions with available personnel and review a sample of segregation instances involving detainees with mental health conditions (records and activities).

We would like to request some information in advance. The list of documents is not all inclusive. We would greatly appreciate it if you could send us these documents electronically by close of business on Thursday, August 18, 2016:

From the Field Office

1. Organization chart of designated FO personnel responsible for segregation review to include Assistant Field Office Director (AFOD) level or high with the authority to approve segregation placements, supervisory-level staff member assigned to author written reports of findings and any actions taken regarding segregation placements, and segregation coordinator designated to enter associated data into the Segregation Review Management System (SRMS).
2. Standard operating procedures used for the segregation review (directives and guidance provided by ICE ERO Headquarters) to include checklists, logs, and other records used, documentation reviewed, systems used, and reports of findings completed.
3. Any instructions/guidance for managing associated data in and uploading attachments to SRMS.
4. Procedures for ICE detainees to submit written questions, request or concerns to ICE (other than the facility's detainee handbook).

From the Detention Facility

1. Organization chart of detention facility personnel involved in segregation and monitoring ICE detainees.
2. Policies and procedures on segregation including logs, reports, and other records used to indicate segregation activity.
3. Disciplinary policy (if separate from item 2 above).
4. Grievance policy for ICE detainees.
5. Facility's Detainee Handbook.

We will be requesting additional program information and statistics once we arrive. In addition, we would like to be able to take pictures during the tour. We would not take pictures of ICE officers, detention facility staff, or detainees.

I will contact you this afternoon to get started. However, if you have any questions, I can be reached at (202) 254-

(b)(6);(b)(7)(C)

Thanks,

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

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(202) 254-4304 fax

From: (b)(6);(b)(7)(C)

Sent: Wednesday, August 10, 2016 11:02 AM

To: (b)(6);(b)(7)(C)

Cc: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Subject: Site Visits - OIG 16-073 - Use of Segregation for ICE Detainees with Mental Health Conditions

Good morning,

We would like to go ahead and get started on our first site visits. We will have two teams traveling to conduct work on August 23-26, 2016. One team will be working in the Buffalo Field Office (FO) and the other team will be performing work at the Buffalo Service Processing Center. Separate entrance conferences will be held at each facility followed by a walkthrough of the segregation process and/or tour of facility. We will hold discussions with available personnel and review a selected sample of segregation cases (records and activities) involving ICE detainees with mental health conditions. We would like to request some information in advance:

From the Field Office

5. Organization chart of designated FO personnel responsible for segregation review to include Assistant Field Office Director (AFOD) level or high with the authority to approve segregation placements, supervisory-level staff member assigned to author written reports of findings and any actions taken regarding segregation placements, and segregation coordinator designated to enter associated data into the Segregation Review Management System (SRMS).
6. Standard operating procedures used for the segregation review (directives and guidance provided by ICE ERO Headquarters) to include checklists, logs, and other records used, documentation reviewed, systems used, and reports of findings completed.
7. Any instructions/guidance for managing associated data in and uploading attachments to SRMS.
8. Procedures for ICE detainees to submit written questions, request or concerns to ICE (other than the facility's detainee handbook).

From the Detention Facility

6. Organization chart of detention facility personnel involved in segregation and monitoring ICE detainees.
7. Policies and procedures on segregation including logs, reports, and other records used to indicate segregation activity.
8. Disciplinary policy (if separate from item 2 above).
9. Grievance policy for ICE detainees.
10. Facility's Detainee Handbook.

We have a contact for the Buffalo Field Office – (b)(6);(b)(7)(C) 130 Delaware Avenue,
Buffalo, NY 14202 Phone: (716) (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) We will need a contact official for
the Buffalo SPC and confirmation of the location – 4250 Federal Drive, Batavia, NY 14020. Can we also get a name
and telephone number for the Field Medical Coordinator.

If you have any questions, I can be reached at (202) 254-(b)(6);

Thanks

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

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Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 12

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 13

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act



**U.S. Department of Homeland Security
Office of Inspector General
Office of Inspections & Evaluations**

See C.1.PRG (4) for PSSC

**Use of Segregation for ICE Detainees with Mental Health Conditions
16-073-ISP-ICE**

(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

Enforcement and Removal Operations (ERO) Field Office (FO) Officials

PURPOSE: To gain an understanding of ERO FO officials' role and responsibilities in managing and overseeing the use of segregation for detainees with mental health conditions.

Date: Tuesday, August 23, 2016
Time: 1:50 p.m. – 2:45 pm
Location: Buffalo (Batavia) Federal Detention Facility
Muster Room
4250 Federal Drive
Batavia, NY 14020

Participants:

U.S. Department of Homeland Security, Office of Inspector General, Office of Evaluations and Inspections

- (b)(6);(b)(7)(C)
-
-

U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO), Buffalo Field Office

- (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

See C.1.12 for participant list

CONCLUSION:

ERO FO officials update **the Segregation Review Management System (SRMS)**; the AFOD is the main user of the system while the SDDOs provide backup. They use lists from the facility to ensure the information is complete, and they use IHSC mental health lists to identify detainees in segregation with mental health conditions and to report them in SRMS. ICE has more flexibility regarding sanctions than in the past. They are trying to strike a balance where detainees are disciplined, but are not held in segregation for long periods of time.

The SDDOs were amicable and relaxed during the interview, and very anxious to convey good working relationships among themselves and with facility and medical staff. However, it was apparent that (b)(6);(b)(7)(C) has softened some of the rigidity that the SDDOs were accustomed to regarding disciplinary actions.

DETAILS:

(b)(6);(b)(7)(C) opened the meeting by saying although the team had many questions answered during the facility walk-through, we wanted to ensure we understood ERO's responsibilities in reviewing segregation for detainees with mental conditions.

Roles and Responsibilities

(b)(6);(b)(7)(C) said he is the (b)(6);(b)(7)(C). He reviews and signs incident reports, and pretty much anything to do with the detainees goes through him. He discusses these cases with (b)(6);(b)(7)(C). Right now, he is also involved in case information entry into SRMS. (b)(6);(b)(7)(C) is the recreation specialist, and also manages the compliance and intelligence teams, training, and emergency services. Later in the interview, (b)(6);(b)(7)(C) said that he conducts rounds of the facility checking for safety, health and security as well as spot checks. As incident reports come in, he reads them and checks the validity of the sanctions and to make recommendations. These rounds and checks feed into his compliance duties and how the facility is meeting the **2011** Performance Based National Detention Standards (PBNDS) and American Correctional Association requirements. He conducts inventories on keys, maintenance, medical and dental supplies and reviews their emergency plans. He joked that he also likes to have his coffee at 2 pm.

(b)(6);(b)(7)(C) works in the deportation section; (b)(6);(b)(7)(C) also works in the deportation section and manages the detained docket. (b)(6);(b)(7)(C) said that he and (b)(6);(b)(7)(C) are also responsible for rounds, to check with the detainees to see if anyone has an issue with their case. Their duties day-to-day are different. They may be reviewing cases, conducting custody reviews, and making arrangement for cases for removal i.e. on commercial flights or ICE flights through Harrisburg. They also deal with attorneys. (b)(6);(b)(7)(C) said that they also work with the Executive Office for Immigration Review to make sure cases get to the legal staff. Detainees may have questions or property issues, and they can meet with one of the SDDOs; (b)(6);(b)(7)(C) will designate one of them to take over the case.

(b)(6);(b)(7)(C) said there are about 60 ERO staff at the facility. (b)(6);(b)(7)(C) was trying to implement a system where employees submit a request for rotation. They all work with all the detainees, including those with mental health conditions, by entering the cases, processing the individuals, and supervising the detainees. While they may have interactions with the detainees, the ERO staff may not know for sure that the detainee has a mental health condition.

(b)(6);(b)(7)(C) asked if the SDDOs ever get together across the country to discuss issues or best practices. (b)(6);(b)(7)(C) said that outside of detention training they do not get together nationwide. They do get together with the field office staff.

ERO relationship with medical staff

(b)(6);(b)(7)(C) asked what ERO's relationship with the ICE Health Services Corps staff and the contract detention officers. (b)(6);(b)(7)(C) said they work hand in hand with the medical staff. They meet twice a week with (b)(6);(b)(7)(C) the (b)(7)(C);(b)(6) (b)(7)(C);(b)(6) and (b)(6);(b)(7)(C) (b)(7)(C);(b)(6) to discuss situations and bad cases. (b)(6);(b)(7)(C) said that ultimately ICE treats the detainees well and seek them the help they need, such as at Columbia Care in South Carolina or at Krome Transitional Unit in Miami, if needed. He said (b)(6);(b)(7)(C) is very supportive and that they are very conscientious about their job.

(b)(6);(b)(7)(C) at Columbia Care sends out a report listing who is there. (b)(6);(b)(7)(C) said that two of their detainees were just transferred to Columbia Care; he could not remember how long they were at Batavia before the transfer. Any documentation related to that transfer would be with their medical staff. (b)(6);(b)(7)(C) said that he checked with (b)(6);(b)(7)(C) before this interview to find out how long it took to get one of the detainees there once they were identified for transfer, and he said it took about a week. ERO is responsible for making the transfer happen unless Columbia Care deems it necessary to transfer the detainee themselves.

(b)(6);(b)(7)(C) asked what access ERO has to medical files. (b)(6);(b)(7)(C) said they meet with the medical staff twice weekly, and they also get a mental health list. This list includes the detainee's A number and mental health diagnosis and they use this information for SRMS entries. This list includes individuals previously as well as newly diagnosed. When there is an incident, they check the list on Mondays, Wednesdays and Fridays to see if the individual is on the mental health list and that dictates their reporting requirements.

ERO relationship with contract detention officers

(b)(6);(b)(7)(C) said the SDDOs work closely with the contract detention officers. They have been at the facility so long that they know everybody and the relationship has always been that way. (b)(6);(b)(7)(C) said that as SDDOs they interact with the contract detention officer Lieutenants and Captains a lot; (b)(7)(C);(b)(6) and the (b)(7)(C);(b)(6) for the contractors (b)(7)(C);(b)(6) so he knows where all the ERO staff are coming from.

Later in the interview, (b)(6);(b)(7)(C) asked if they had any safety concerns about the fact that detention officers aren't told which detainees have mental health conditions and may act erratically. (b)(6);(b)(7)(C) said any officer that is on his toes and has people skills can figure out who "isn't all there". There is also word of mouth between officers, but there is no official flagging system on the detention officer side. He continued to explain that they are trying to strike a balance. In the past, they used to have detainees with mental health conditions in the special housing unit for 60 – 90 days and it wasn't helping them. So now they try to keep these detainees in the general population as much as possible, but with that move the detention officers have to be more aware and on their toes. He gave an example of a detainee names (b)(6);(b)(7)(C) who he said was a perfect example of how you do all you can to help a detainee and keep them in the general population. However, one day he viciously assaulted a Captain; the detainee ended up being prosecuted and is currently serving a 5-7 year sentence.

ERO systems and records

Earlier in the interview, (b)(6);(b)(7)(C) said they received training on SRMS when it was launched and they are secondary to (b)(6);(b)(7)(C) for data entry into the system. (b)(6);(b)(7)(C) does 99% of the input and they cover for him when he is away. They all get notifications from the system, but (b)(6);(b)(7)(C) does the updating; however, because they all get the updates the cases won't fall through the cracks. They have been at the facility for 18 years and they were all supervisors. Later, they said they said they vaguely remember the training, but the PowerPoint training aid is very helpful. They also have (b)(6);(b)(7)(C) at **Headquarters (HQ)** who is always available and happy to answer any questions. (b)(6);(b)(7)(C) is also available to help.

When asked about any other systems they have access to, (b)(6);(b)(7)(C) said that they use Planet which is an Office of Chief Counsel system that needs information regarding the detainees with mental health conditions to ensure they are properly represented. (b)(6);(b)(7)(C) said they also have their internal Incident Report Database.

(b)(6);(b)(7)(C) asked how ERO ensures that the information in these systems is accurate and complete. (b)(6);(b)(7)(C) said that every evening the Lieutenants put together a segregation spreadsheet. ERO can then check this list against their mental health list to check for any detainees who may have been segregated that have mental health conditions. They can then enter the information in SRMS as needed.

When asked what checklists or records they use to ensure the information is complete, they said they get automated emails from SRMS (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) do not receive these updates).

When asked what documentation they upload into the system, they said the administrative and disciplinary segregation orders, the incident reports, and the protective custody forms.

When asked about documentation that the (b)(6);(b)(7)(C) received the 72-hour notification, (b)(6);(b)(7)(C) said that the (b)(6);(b)(7)(C) was typically notified before 72 hours and the notification might be by email. There would also be indications on the segregation orders and the **Institution Disciplinary Panel (IDP)** documentation indicating when the review occurred.

Detainee interaction with ICE

Detainees can correspond with staff at the facility and ICE through detainee request forms, the ICE correspondence box, and the OIG hotline. The detainees also speak with the lieutenants in the housing units constantly and sometimes the lieutenants will just call the SDDOs to convey concerns. (b)(6);(b)(7)(C) asked if there were any sign language options. (b)(6);(b)(7)(C) said they have TTY capabilities (TTY is teletypewriter, a shorter version recognize as a hearing impaired phone). They also had a case of a legally blind detainee from either Vietnam or Cambodia; ICE was able to bring in a reader from Headquarters for him.

Regarding grievances, there is a log file kept of the grievances; they are all kept together and the disposition of the cases were handled by (b)(6);(b)(7)(C) a Contract Detention Officer. The AFOD is part of the final disposition and might also be on the institution disciplinary panel. When asked about correcting any errors or discrepancies from the grievance process, they said they will bring the issue back to the grievance officer for action.

(b)(6);(b)(7)(C) asked if there is documentation when the facility cannot facilitate a detainee's religious accommodations or requests. (b)(6);(b)(7)(C) said not really. They have made a lot of accommodations and the main factor is whether it would affect the safety or security of the facility. (b)(6);(b)(7)(C) said he remembers getting a request for lighting candles for a religious ceremony. He remembered thinking the detainee could get electronic candles and that they couldn't give him real candles. However, the team looked into it and eventually the detainee was allowed to light three candles. (b)(6);(b)(7)(C) said if it is a legitimate religious request, he now can't think of not allowing it. He considers them very accommodating compared to his past experience; sometimes at the end of the day he says to himself "I can't believe we allowed that".

Concerns regarding use/oversight of segregation

When asked whether they could immediately release someone from segregation, (b)(6);(b)(7)(C) said yes and in fact he had done it just yesterday. He said he spoke with (b)(6);(b)(7)(C) regarding an incident and said that he didn't think the incident merited a 200 charge. (b)(6);(b)(7)(C) agreed and they released the detainee from segregation. (b)(6);(b)(7)(C) said they rarely put someone in segregation for a 300 or 400 level charge; they would more likely take away privileges such as phones (except for legal calls).

(b)(6);(b)(7)(C) asked whether they had any concerns about detainees with mental health conditions being placed in segregation. (b)(6);(b)(7)(C) said no; he is very confident in how they handle segregation. They don't hand down big sanctions; right now, a 21-day sanction would be a "big deal" for them. (b)(6);(b)(7)(C) said they cut down on their segregation times a lot. The detainees are in disciplinary segregation to learn a lesson and if it isn't benefitting that purpose then they let them out.

(b)(6);(b)(7)(C) asked if there was a way to note when they lose privileges, (b)(6);(b)(7)(C) said it would not be in the system, but it would be in the incident report folder. If they ended up in the special housing unit, their loss of privileges would be noted.

(b)(6);(b)(7)(C) asked whether they had concerns about ERO's ability to provide sufficient oversight of these cases, they said no. Their oversight responsibilities are always evolving and pointed to the various versions of the PBNDS as an example. (b)(6);(b)(7)(C) said that although he is sure there is room for improvement, he does not think that they are "behind the 8-ball", especially with segregation.

Regarding using protective custody, the form has to be signed off by the AFOD or someone acting for him. The detainee would be interviewed by the Captain to determine if there is a real threat.

(b)(6);(b)(7)(C) asked whether they had any suggestions to improve their oversight. They said they did not. (b)(6);(b)(7)(C) said they have a lot of discretion. For example, now they have more flexibility in the sanctions. For example, it used to be that the sanctions were fixed, so a 201 charge (fighting) meant 10 days or 14 days and that was that. Now, they spend a lot of time looking at video, trying to determine who was the true aggressor. The sanctions cannot be set in stone; they need to be able to use their professional judgement.

(b)(6);(b)(7)(C) asked if any detainee has been in disciplinary segregation longer than 30 days. (b)(6);(b)(7)(C) said yes, a detainee named (b)(6);(b) had a weapon and was placed in segregation for 30 days.



**U.S. Department of Homeland Security
Office of Inspector General
Office of Inspections & Evaluations**

See C.1.PR.G (5) for PSSC

**Use of Segregation for ICE Detainees with Mental Health Conditions
16-073-ISP-ICE**

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

- Akima Global Services (AGS) Personnel

PURPOSE: To gain an understanding of the Contract Detention Officers' role and responsibilities in administering the use of segregation for detainees with mental health conditions.

Date: Tuesday, August 23, 2016

Time: 1:30 p.m.

Location: Buffalo (Batavia) Federal Detention Facility (BFDF)
[Note: BFDF is an U.S. Immigration and Customs Enforcement (ICE) owned facility known as a Service Processing Center]
Conference Room
4250 Federal Drive
Batavia, NY 14020

Participants:

U.S. Department of Homeland Security, Office of Inspector General, Office of Evaluations and Inspections

- (b)(6);(b)(7)(C) (202) 254- (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C), (202) 254- (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C) (202) 632- (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C)

Buffalo (Batavia) Federal Detention Facility – Contract Detention Officers

- (b)(7)(C);(b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

(See C.1.13 page 1 of 2 for sign in sheet)

CONCLUSION:

Contract staff communicates with the U.S. Immigration and Customs Enforcement (ICE) personnel, as well as with the grievance coordinator and the medical staff, on a daily basis. It is a good relationship, the contractors are allowed to run the facility, do what they need to do, but they can go to the Assistant Field Office Director (AFOD).

A Contract Supervisory Detention Officer is the supervisor for the Special Housing Unit (SHU), which is the segregation housing unit. The contract staff is not told which detainees have mental health conditions. However, there is a mental health form that the detention staff can turn in to medical for things, such as not sleeping (insomnia), strange behavior, barking, or other disruptive behavior. There is no distinction of detainees with mental health conditions in the SHU or general population.

For minor rule infractions (disciplinary), detainees can have privileges such as recreational phone calls or commissary use revoked. The facility also uses administrative segregation as a non-punitive measure to protect detainees who need to be separated from the general population. The detainees have a right to appeal and can contact ICE at any time.

ICE officials are notified each day through paperwork. ICE comes down within 72 hours, interviews detainees, then there is a weekly review by ICE, specifically the AFOD. The first 72 hours review is on the administrative segregation order. Then, every 7 days the review is noted on a different form. Everything is in paper form, and at discharge everything is reviewed and forwarded to ICE.

DETAILS:

(b)(6);(b)(7)(C) opened the meeting by saying that we wanted to ensure we understood the Contract Detention Officers' role and responsibilities in administering the use of segregation for detainees with mental health conditions.

(b)(6);(b)(7)(C) led the interview, and (b)(6);(b)(7)(C) asked questions related to the segregation spot inspection checklist.

General Background Information

(b)(6);(b)(7)(C)

According to (b)(6);(b)(7)(C) there is no particular specialized training for detention staff on handling detainees with mental health conditions other than the detention staff's initial in-house training. There is a four or eight hour block on dealing with abnormal situations.

Contract staff communicates with the ICE personnel, as well as with the grievance coordinator and the medical staff, on a daily basis. According to (b)(6);(b)(7)(C) it is a good relationship, the contractors are allowed to run the facility, do what they need to do, it is kind of a cliché, but they can go to the AFOD, if needed. There is constant notification. (b)(6);(b)(7)(C) indicated that they tell ICE who is admitted and discharged, and ICE will go over files with them so they can do their reports. (b)(6);(b)(7)(C) explained that he deals with medical, there is a good relationship, open door policy, and they help if he needs it. The medical grievances go to medical, and there is an open door policy with ICE as well.

Roles and Responsibilities

(b)(6);(b)(7)(C) is the supervisor for SHU, which is the segregation housing unit. The contract staff is not told which detainees have mental health conditions. However, there is a mental health form that the detention staff can turn in to medical for things, such as not sleeping (insomnia), strange behavior, barking, or other disruptive behavior. There

is no distinction of detainees with mental health conditions in the SHU or general population. The detainees with mental health conditions are not on any special list, and they are not treated differently.

According to (b)(6);(b)(7)(C) detention officers follow standard operating procedures (SOPs), post orders, general directives, and company policy to carry out roles and responsibilities.

(b)(6);(b)(7)(C) explained that there are three primary officers, three months at a time. They need a working knowledge of facility. The officers are allowed to bid on the post. The SHU is what they like to do. Everyone is trained to work the SHU; however, ASG will not take anyone who is on probation (new staff) and the officer cannot have disciplinary issues. They use the probation time to have them shadow, observe more experienced officers.

(b)(6);(b)(7)(C) explained that after an investigation, AGS terminate segregation. According to (b)(6);(b)(7)(C), it would be during that process, or maybe afterwards if there is a mitigating circumstance, they would recommend to AFOD. So AGS can terminate during decision process. It would be noted on the incident report, on page 2, there is a termination section. There is also a memorandum to the AFOD if there is a termination recommendation. The supervisor, the panel, or the AFOD can terminate segregation. The supervisor is different level from the panel, so two reviews of decisions. (b)(6);(b)(7)(C) explained that the detainees are notified that they can appeal.

(b)(6);(b)(7)(C) indicated that the new segregation unit helps. In the past, the detainees were on the same floor, protective custody on same floor with disciplinary. The new unit gives more freedom for protective custody. In addition, there is the law library and quiet room for phone calls. Safety-wise, there are additional rails and better stairs; therefore, the new unit is beneficial to them. They also have outdoor recreation, which is an exercise bicycle and can see the sky.

Typical Instances of Segregation at the Facility

For minor rule infractions, detainees can have privileges such as recreational phone calls or commissary use revoked. The facility also uses administrative segregation as a non-punitive measure to protect detainees who need to be separated from the general population. These detainees do not lose commissary, phone, or other privileges while in administrative segregation. For administrative segregation, detainees are not restricted in terms of their rights – continue to make phone call, get commissary, and more freedom of movement. If there is an involuntary protective custody, the AFOD must approve. The facility staff conducts an interview with the detainee before passing the information to the AFOD for approval. The AFOD makes the determination to allow segregation. All detainees in segregation are reviewed weekly by the AFOD, and the medical staff visits them daily.

The facility has had several detainees request protective custody due to their LGBT status. (b)(6);(b)(7)(C) believes that there were two or three detainees identified through a call from the social worker. They feared for harm as homosexual and put on protective custody, but not because something happened. It was a fear of being preyed

upon. One French guy was in protective custody for a long time, stayed until he was deported, it was voluntary. For these cases, there is a weekly review, and the AGS officer will ask them if they want to go back to general population.

(b)(6);(b)(7)(C) asked what would happen if a lot of detainees asked for protective custody? (b)(6);(b)(7)(C) indicated that this was a great question, but we cannot answer. ICE would have to determine what would happen – the facility might go to a three tiered system where they could keep a tier [in one of the general population units] by allowing one tier out of cells at a time. The facility could handle it if they needed too. In the old SHU they were very limited, no issues since the new one SHU opened.

The longest reported disciplinary segregation was 21 days for a weapons-related offense. Long handle toothbrushes, the contract staff reported, are easily shaped into weapons.

(b)(6);(b)(7)(C) explained that ICE sees the bigger picture. ICE has been cutting [segregation] time and giving second chances. Detainees will typically stay in SHU a month or weeks at a time. ICE cut the time down. AGS can only give 14 days at a time, which is even for something extreme, such as assault on staff, which is rare. The time given now is mostly 7 days at a time with not many egregious cases. One instance of segregation lasted 21 days for assault with a self-made weapon, a long handled toothbrushes. The facility had short handled but went back to long handled because the non-governmental organizations (NGOs) complained and the facility bought too many. The detainees can sharpen the long-handled toothbrushes, creating a weapon. The long-handled toothbrushes should not be allowed. The AGS officers are supposed to give the long handled to the low risk detainees, but they're making their way into the high risk populations. There are pencil sharpeners in the units, the detainees can sharpen them quickly.

When a detainee is placed in segregation medical staff examines the detainee at entry and perform daily eyes-on checks. This occurs either during sick call or pill line. Both functions are performed by a registered nurse.

Medical Treatment and Other Activities While in Segregation

(b)(6);(b)(7)(C) explained that the detainees have access to clergy to both disciplinary and administrative, not quite daily, but they can also fill out a form to request religious access. The current chaplain goes to the disciplinary and the administrative levels to talk to the detainees [without the detainees needing to request it specifically].

(b)(6);(b)(7)(C) explained that Medical will see all of the detainees on admittance; the Medical staff knows when they are admitted, discharged, or segregated. Medical staff sees the SHU detainees daily. The new SHU has a medical room, and they are putting eyes on the detainees every day. The detainees can also submit a sick call request if they are not feeling well. There is also a pill line for those detainees who take medication. Detainees are not allowed to keep pills; a nurse does the pill distribution and may visit the unit three or four times a day for medication.

Documentation Provide to ICE

The contracted staff feel ICE gives sufficient agency to the contractors to run the facility, but ICE does require regular notifications about the facility. The contractors are required to submit to ICE the following paperwork when a detainee is placed in segregation: (a) Administrative segregation order, (b) disciplinary segregation order; (c) incident report / investigative process form, and (d) disciplinary panel form. ICE also receives an admission and discharge report every 24 hours. Following the release of a detainee from segregation, the contracting office technical representative (COTR) receives all administrative segregation paperwork. Copies of all paperwork are also forwarded to ICE for review.

According to (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) they complete disciplinary and administrative forms. Initially, for disciplinary segregation, detainees are placed in administrative while AGS looks at the issues. Thereafter, there is a detainee rights notification, a disciplinary panel, the detainees get a copy, and ICE gets a copy. So ICE knows what steps were done – ICE officials are notified each day through paperwork. At midnight, the supervisor sends a list of admittances and discharges to ICE. ICE comes down within 72 hours, interviews detainees, then there is a weekly review by ICE, specifically the AFOD. The first 72 hours review is on the administrative segregation order. Then, every 7 days the review is noted on a different form. The file is maintained in SHU until the detainee is discharged. Then, it is given to the COR [contracting officer's representative], who gives it to the AFOD. (b)(6);(b)(7)(C) indicated that everything is in paper form, and at discharge everything is reviewed and forwarded to ICE.

Alternatives to segregation

According to (b)(6);(b)(7)(C), AGS has several options to impose sanctions, stop commissary, phone privileges. Detainees can be locked in their cell in general population. In addition, there are rooms within the medical unit that can be used, if needed. (b)(6);(b)(7)(C) indicated that a supervisor can also knock down a charge from segregation to sanctions, at discretion.

Staff Detainee Communications

(b)(6);(b)(7)(C) indicated that when detention officers must oversee a detainee who does not speak English, they utilize a telephonic translation service. They do have some employees who speak a foreign language. If they encountered a detainee with communication difficulties/disabilities, the staff would improvise a solution, as they do not have set resources in place. They once requested and utilized braille resources to facilitate communication with a vision-impaired detainee. It was a reasonable accommodation but not related to segregation.

(b)(6);(b)(7)(C) explained that they have not had detainees with hearing problems; however, they would go to ICE. ICE does video teleconferencing [for immigration proceedings], so they could take [the detainees] down [to the video teleconferencing facility].

Grievances

Grievances in general population are more common, but if the detainee [who files a lot of grievances while in the general population] goes to SHU, that individual will also grieve from there. Grievance boxes are available in most areas, and detainees can submit grievances at any time. Grievances go directly to the facility's grievance officer, then to a supervisor. (b)(6);(b)(7)(C) read them daily, answer in writing; he will talk to detainee as well, so verbal and written responses. If (b)(6);(b)(7)(C) cannot fix, it goes to the department head, then a panel with a captain, lieutenant and officer, final stop is the AFOD. They have a pretty good success in handling things. They [the detainees] could go to ICE first; there are mail boxes for ICE as well. The grievances are just about everything, up to about 300 for the year, 37 went the full route, but they have to take the time to talk to them.

The grievance is reviewed by a three-member panel, and finally reviewed by the AFOD. The contract detention staff indicated that most grievances are resolved at a low level. They claim a minority of detainees are responsible for most of the complaints. Medical grievances, they report, tend to focus on the personalities of the staff rather than the quality of care received. Detainees feel that the medical staff might not be warm and friendly.

There is a centralized grievance log; (b)(6);(b)(7)(C) enters each grievance in a log book and a computer program, so there are double books to verify that grievances have been addressed.

(b)(6);(b)(7)(C) indicated that all kinds of stuff come out of nowhere. For one guy, they called an ambulance for a medical emergency; he was upset because his cane was not taken with him. He was shackled and placed in the ambulance to take to the hospital. They were dealing with the immediate threat to his life; however, the detainee felt that they were keeping the cane and that not bringing it with the detainee to the hospital was a civil rights violation.

(b)(6);(b)(7)(C) explained that one grievance received this morning (8/23/2016) about sausage with pork in it. A lot of the detainees don't eat pork for religious reasons. They got the sausage out [of the facility] as quickly as possible, went down and apologized, and reimbursed the detainee's commissary. The difficult ones involve the whole length of the grievance process are sent up to the AFOD. The more difficult ones are the ones who have multiple grievances, multiple filings, they know all the steps and want to get to the last step. The number one grievance is medical, and it is mostly personalities, if they don't like a nurse, they attack the character of the nurse, they expect to get something when they go to medical, if they don't get pills that usually results in a grievance.

Issues, Concerns, or Improvements

(b)(6);(b)(7)(C) had no concerns. Anything we take to ICE, they address. A lot of it now has to do with money. AG brought up an issue with door traps [requesting more be added to the doors that do not have them], so they can handcuff the detainees while they are in

the cell. The doors cost \$10,000 apiece. (b)(6);(b)(7)(C) (joking) indicated that an improvement would be more money.

According to (b)(6);(b)(7)(C), transgender detainees get separate showers. In general population, they are kept in single cells with their own bathroom [toilet]. One detainee was coming to processing for a shower. If they put themselves in protective custody they get separate showers, but they have some who have stayed in general population and needed separate showers.

(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) asked not directly related to this review, but what differences do you observe with the population from the southern border? (b)(6);(b)(7)(C) indicated that the southern border non-criminals are just like detainees who they have always gotten. However, it goes in cycles, it can be quiet for months then there are behavioral issues. They used to have more of the U.S. Marshals caseload, now those detainees are in county facilities - those were the more serious criminals.



**U.S. Department of Homeland Security
Office of Inspector General
Office of Inspections & Evaluations**

See C.1.PR.G (5) for PSSC

**Use of Segregation for ICE Detainees with Mental Health Conditions
16-073-ISP-ICE**

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

U.S. Immigration and Customs Enforcement (ICE)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

PURPOSE: To gain an understand Detention Facility (b)(6);(b)(7)(C) role and responsibilities in administering treatment and care for detainees with mental health conditions while in segregation (administrative and disciplinary).

Date: Tuesday, August 23, 2016

Time: 2:50 p.m.

Location: Buffalo (Batavia) Federal Detention Facility (BFDF)
[Note: BFDF is an U.S. Immigration and Customs Enforcement (ICE) owned facility known as a Service Processing Center. Therefore, this is an IHSC Staffed Facility]
Conference Room
4250 Federal Drive
Batavia, NY 14020

Participants:

U.S. Department of Homeland Security, Office of Inspector General, Office of Evaluations and Inspections

- (b)(6);(b)(7)(C) 202) 254 (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C), (202) 254- (b)(6);(b)(7)(C)
- (b)(6);(b)(7)(C) (202) 632- (b)(6);(b)(7)(C)

Buffalo (Batavia) Federal Detention Facility – (b)(6);(b)(7)(C)

- (b)(7)(C);(b)(6) (b)(6);(b)(7)(C)
- Commander (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
- (b)(7)(C);(b)(6) (b)(6);(b)(7)(C)

(See C.1.13 page 2 of 2 for sign in sheet)

CONCLUSION:

The Detention Facility Medical staff receives an orientation and annual mental health training. There is a psychologist on staff and a psychiatrist available via teleconference.

The medical staff does not deal with field office often but has a good relationship with the Assistant Field Office Director (AFOD) and Supervisory Detention and Deportation Officers (SDDOs).

The Field Office Director (FOD) and the mental health team meet every Monday, Wednesday, and Friday to discuss detainees with mental health conditions. The psychologist will send a spreadsheet of all mental health diagnoses - plus if the mental health detainee is in segregation, that is noted on the spreadsheet. It is a running document that changes week to week. As detainees are deported or released, they take them off the list.

For detainees in the Special Housing Unit (SHU), the medical staff will go down to evaluate detainees by conducting a physical assessment, taking vital signs, and assessing injuries (if any). The medical staff is responsible for clearing all detainees for segregation. When detainees are sent to segregation—administrative or disciplinary, they are still able to receive behavioral health appointments while in segregation.

In addition, the detainees in segregation are seen daily by a registered nurse (RN). If the detainees need to see a more specialized provider, the medical staff will schedule it. Every week, a more senior staff will go down and evaluate all the detainees in segregation, whether they want an evaluation or not. The nurses sign a log and put a note in chart. The psychologist does the same thing - sign in and put a weekly note. There are two log books, plus a chart, and a paper log, and notes placed in the medical record [in eClinicalWorks (eCW)].

A mental health weekly round log plus a mental health case log are forwarded to the IHSC Headquarters / Behavioral Health Unit in Headquarters so they can review the notes.

At BFDF, the medical staff treats all detainees the same. The medical staff knows the mental health cases and will clear them to make sure they are okay to go into segregation. The mental health care continues wherever the detainees are housed.

There is IHSC guidance and guidance documents from Headquarters. The medical documentation is maintained within the electronic health record, called eCW. The visits are in eCW along with the treatment plan and medications. In addition, you can see in the notes whether the detainee is in segregation, or not. You can also tell from the appointment notes.

To ensure treatment is accurate and up to date; the medical staff reviews the records. It is a 10 day chart review, to make sure everything was done, any chronic care issues exist. The medical staff will then run reports, 90 days for chronic care, 30 day mental health medication reviews. In addition, there are reports they can run in eCW.

Medical emergency staff is available if needed. The Detention Facility Medical personnel indicated that only thing that would come up as emergencies or circumstances that would cause them to pull a detainee out of segregation would maybe entail closer observation of mental health needs. In this regards, the medical staff would bring the detainee to the Medical Unit for observation. If the detainee declines further they go to Columbia Care.

The medical staff has never recommended an alternative to segregation. If the detainees are taking their medications, they are stable. If they come off their

medications, they can be a problem, and should not be in general population. If the medical staff cannot handle them, then they go to Columbia care. The medical staff cannot pull someone from segregation, but can recommend it to the AFOD.

The Detention Facility Medical personnel have mixed feelings about eCW. It is easy to see what is being done in eCW; however, there is a lot of data entry (which is time consuming). With a lot of data entry and more options that you have to click through, the more opportunities there are for error.

Detainees can file a grievance through a grievance coordinator or a medical grievance through the psychologist. The most common complaints relate to difficulty getting appointments, and denial of specialized care. A lot of detainees' main concerns are they (1) wanted something the provider didn't give them, (2) wanted to change providers because the provider didn't give something, or (3) felt that they were denied access to care in a timely manner. There is an appeal process. The detainees can also call the OIG hotline.

DETAILS:

(b)(6);(b)(7)(C) opened the meeting by saying that we wanted to ensure we understood Detention Facility Medical Personnel role and responsibilities in administering treatment and care for detainees with mental health conditions while in segregation (administrative and disciplinary). (b)(6);(b)(7)(C) led the interview, and (b)(6);(b)(7)(C) asked questions related to the segregation spot inspection checklist.

Medical

(b)(6);(b)(7)(C) Public Health, (b)(7)(C);(b)(6) and (b)(6);(b)(7)(C) (b)(7)(C);(b)(6) and (b)(6);(b)(7)(C) Public Health, (b)(7)(C);(b)(6) responded to the questions accordingly.

General Background Information

(b)(6);(b)(7)(C)

According to (b)(6);(b)(7)(C) the medical staff receives an orientation and annual mental health training. Both (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) explained that, they have received on the job training - at arrival, there are a lot of trainings, webinars, PowerPoint. In addition, there are a lot of training opportunities.

There is a psychologist on staff and a psychiatrist available via teleconference.

(b)(6);(b)(7)(C) indicated that the medical staff has an excellent relationship with ICE. The medical staff does not deal with field office often but has a good

mental health rounds. The mental health care continues wherever the detainees are housed.

(b)(6);(b)(7)(C) explained that whatever nurse is present in the morning will cover segregation - it is usually one of the registered nurses cover segregation.

(b)(6);(b)(7)(C) tends to do the mental health rounds and will get help if needed from other medical staff.

Guidance and Instructions

(b)(6);(b)(7)(C) indicated that the guidance specifies how often [each check is required] - there is IHSC guidance, including weekly mental health round. The medical staff will document it, where to send documents, and when they are done. There are guidance documents from Headquarters.

(b)(6);(b)(7)(C) explained that the medical documentation is within the electronic health record, called eCW. (b)(6);(b)(7)(C) added that the visits are in eCW along with the treatment plan and medications. You can see in the notes whether the detainee is in segregation, or not. You can also tell from the appointment notes.

Monitoring, Care and Treatment, and Documentation

According to (b)(6);(b)(7)(C) diagnosis is sometimes at intake (with a diagnosis from a previous facility). Other times, some detainees are diagnosed while they are here. According to (b)(6);(b)(7)(C) daily monitoring is tracked on the log in segregation as well as in eCW. (b)(6);(b)(7)(C) explained that the medical staff reviews what they came to the facility with, follows treatment and care closely, and routine reviews it all. If the detainees ask to see the psychiatrist because they think the medications are not working, the appointment can be moved up. The medical staff has worked with tele psychiatry, it works well, it meets a need, but in the best possible world, it would be face to face. The tele psychiatrist they have is good. They do show a range of emotions, they are reacting, and you can forget it is on a monitor.

In responding to any recommendations from medical staff that people be pulled off segregation, (b)(6);(b)(7)(C) said, "No." If the detainees need a higher level of care, the medical staff would recommend it. It wouldn't matter where. The medical staff has had patients referred for in patient care from segregation, but it would have happened anyway.

(b)(6);(b)(7)(C) indicated to ensure treatment is accurate and up to date; the medical staff reviews the records. It is a 10 day chart review, to make sure everything was done, any chronic care issues exist. The medical staff will then run reports, 90 days for chronic care, 30 day mental health medication reviews. In addition, there are reports they can run in eCW.

Emergencies Circumstances and Alternative to Segregation

Medical emergency staff is available if needed. In responding to the questions, are there emergencies or circumstances that would cause medical staff to pull a detainee

out of segregation, (b)(6);(b)(7)(C) explained that only thing that would come up as emergencies or circumstances that would cause them to pull a detainee out of segregation would maybe entail closer observation of mental health needs. In this regards, the medical staff would bring the detainee to the Medical Unit for observation. If the detainee declines further they go to Columbia Care.

According to (b)(6);(b)(7)(C) the medical staff has never recommended an alternative to segregation. If the detainees are taking their medications they are stable. If they come off their medications, they can be a problem, and should not be in general population. If the medical staff cannot handle them, then they go to Columbia care. The medical staff has a weekly conference with Columbia Care for their patients. They get information on how the detainees are doing, when they might be coming back.

(b)(6);(b)(7)(C) agreed on Columbia medical care being helpful.

(b)(6);(b)(7)(C) explained that the medical staff cannot pull someone from segregation, but can recommend it to the AFOD. (b)(6);(b)(7)(C) indicated that they have no concerns about segregation because the detainees are not in there for very long. According to (b)(6);(b)(7)(C) the State of New York is limiting segregation, on the correctional side. If it is done for mental health or administrative reasons, there are frequent checks on detainees, daily segregation rounds, and 24/7 care. (b)(6);(b)(7)(C) corrected himself that no one is in segregation for mental health.

Suggestions for Improvement

(b)(6);(b)(7)(C) indicated that detainees are never denied access. The detention officer calls right away if a detainee is not acting right. (b)(6);(b)(7)(C) explained, as a best practice, there is good communication with the Field Office Director (FOD) through daily alerts and monthly meetings. The FOD is very responsive; custody refers people all the time.

According to (b)(6);(b)(7)(C), there is good communication, on mental health segregation; they talk to the AFOD every day. If there is any length of time a detainee is in segregation, they have a panel and U.S. Public Health Service (PHS) sits on the panel. It has been a while [since anyone was on long term segregation]. They are open to recommendations on the cases in segregation, so a lot of contact on any detainee who is in segregation.

(b)(6);(b)(7)(C) like eCW now, it works for him. As an administrator, (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) likes eCW, it is easy to see what is being done, they've gone back and forth between paper and an older electronic system, but eCW is easiest for an administrator to follow and track. However, (b)(6);(b)(7)(C) explained that he does not know if he would recommend eCW for smaller facilities because it not chart. It is great for reviewing.

- According to (b)(6);(b)(7)(C) he actually uses eCW. He has dealt with many systems, including Case Tracker, private hospital systems, where you get the product. He is prior Air Force and there the saying is you adapt and overcome. Certain things about eCW are great while others are time consuming.

It takes time and there is a lot of data entry - that is the issue. It is not a smart system that is efficient to use. To answer the question would you recommend to another facility, (b)(6);(b)(7)(C) maybe would give it a 6 or 7 of 10 (being the highest mark).

- (b)(6);(b)(7)(C) prefers Case Tracker, it has standard operating procedures that allow notes and he liked that. (b)(6);(b)(7)(C) said with eCW, there is a lot of clicking, and a lot of manual steps, which slows things down.
- According to (b)(6);(b)(7)(C) if there is a storm, the mainframe gets affected, and eCW can be quite slow.
- (b)(6);(b)(7)(C) indicated the more smart forms, the more data that has to be entered, the more options [that have to be clicked through], the more opportunities there are for error. When there are 14 or 18 questions, people just miss things, mental health is contained, they are used to it, but for general medical care it can be challenging. (b)(6);(b)(7)(C) uses smart forms when he can.
- (b)(6);(b)(7)(C) stated that if eCW goes down, they have to call ICE to get it rebooted or fixed. ICE has to reboot nationwide sometimes.
- (b)(6);(b)(7)(C) explained that if eCW is down for a day, which is rare, they have to use paper.

Grievances

According to (b)(6);(b)(7)(C) the detainees can file through grievance coordinator or a medical grievance which goes to him. Should a detainee have a medical grievance, their report is filed through the grievance coordinator, like non-medical grievances. The most common complaints relate to difficulty getting appointments, and denial of specialized care. A lot of detainees' main concerns are they (1) wanted something the provider didn't give them, (2) wanted to change providers because the provider didn't give something, or (3) felt that they were denied access to care in a timely manner.

(b)(6);(b)(7)(C) will review the chart before talking to the detainees, indicating that provider won't see them [as the grievance]. He will check the charts and notes, which usually indicate the provider did see them, through a sick call. Then, he will talk to the provider, and he will check the complaint was addressed. Sometimes the grievance is an issue separate from medical. The medical staff will try to resolve the grievance, if the detainees feel they are not getting the proper care. (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) will try to resolve all grievances; however, a lot of it is communication issues, or the provider is not going to give the detainees something they want. They have the option of filing another grievance if they don't like the resolution. Often, the detainees wanted to see a specialist; however, they don't get to see one just because they ask. There is an appeal process. The detainees can also call the OIG hotline.

Additional Information provided by IHSC Detention Facility Medical Personnel:

- (b)(6);(b)(7)(C) indicated that ICE can refer detainees to medical if the detainee is crying a lot or have some other issues. The nurse will down and take a look at the detainee. If it is legitimate, the nurse will send them out for evaluation- usually the recommendation is observation. Then, the detainees are

reevaluated. According to (b)(6);(b)(7)(C) if there are any concerns about risk to self or others, the custody staff or the judge alerts medical immediately. (b)(6);(b)(7)(C) explained that other detainees may also refer a detainee. (b)(6);(b)(7)(C) added that sometimes ICE refers detainees because of unusual social behavior. Things get referred quickly; they can refer for suicide watch, etc. The medical staff will try to keep the detainees in the least restrictive and appropriate setting. (b)(6);(b)(7)(C) indicated that if it is medical call, the medical staff will make the final decision on who is referred to medical for observation. Should the healthcare staff has an issue with a particular detainee remaining in detention, the staff would make a recommendation to the AFOD.

- IHSC sends a mental health conditions tracking document to ICE three times a week. Appointments and patient care history are listed in eCW. The staff reports that the services at the facility are adequate, including the tele-psychiatry program. The staff's opinions of eCW are mixed.
- The staff also reports that they have never requested that a detainee leave segregation for mental health reasons. The staff does sometimes send detainees with serious mental health issues to Columbia Care, a facility capable of providing detainees with a higher level of mental health care and monitoring.
- Mental health crisis can be handled by the local hospital. Detainees on suicide watch are placed in the least restrictive environment possible. Ultimately suicide watch status is the medical staff's decision.